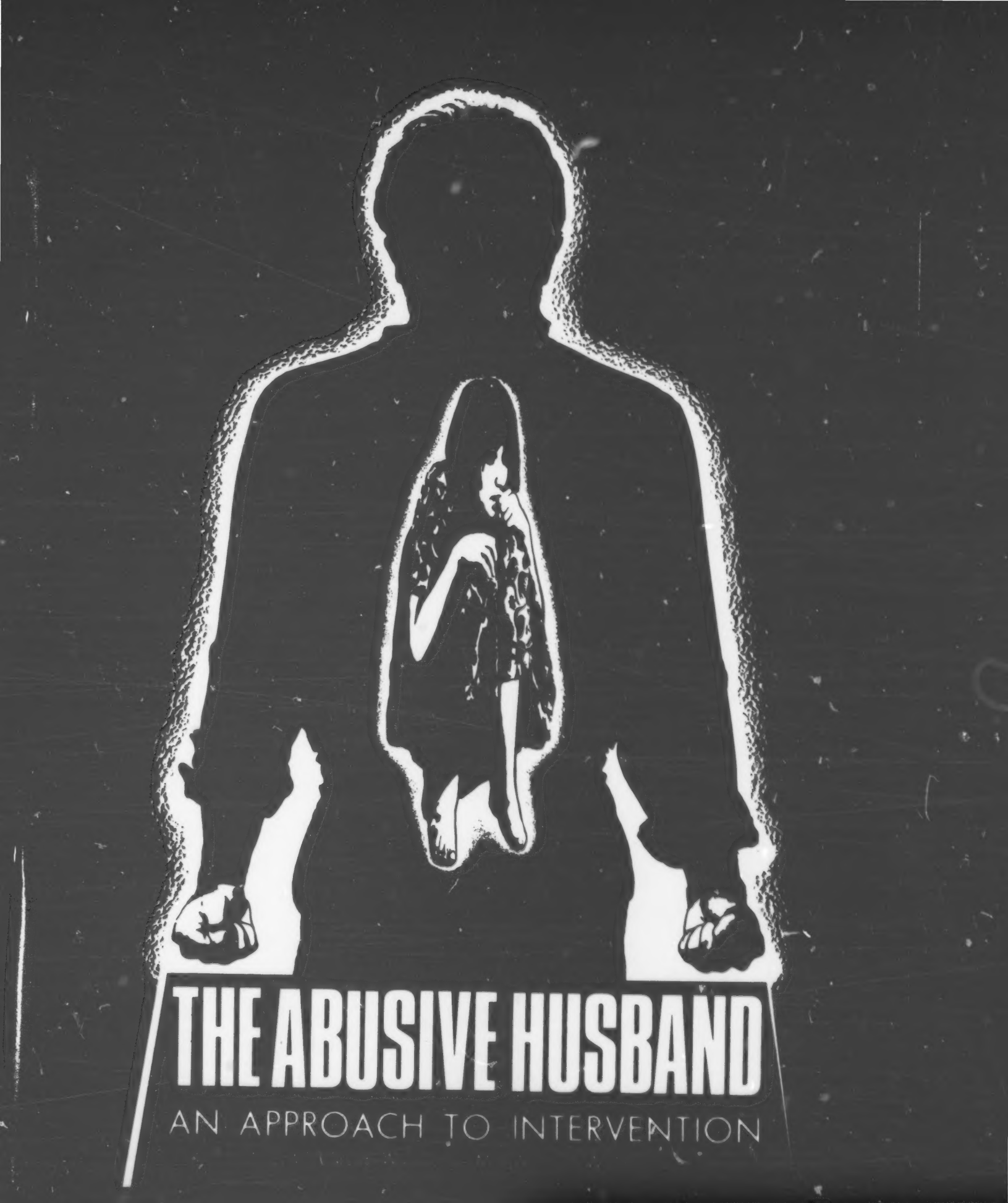

THE ABUSIVE HUSBAND

AN APPROACH TO INTERVENTION

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The women I've worked with over the years, whose hopes were shattered; bodies bruised or broken; and who lived their lives in fear of the next moment, as well as those whose next moment ended in murder. They taught me so much about men, women, and the society in which we live.

The men I've worked with, who have tried to stop their abuse towards women and children. Their attempts to look at themselves have taught me much about men. Those who are able to stop their abusive behaviour and to make other constructive changes in their lives will learn that real control is control over one's own life, and that real love has no place for violence.

INTRODUCTION

The Importance of Services for Abusive Husbands

Violence in the family has been increasingly recognized as a significant social problem over the past fifteen years. Although the nuclear family has been historically romanticized as a cherished, secure haven for growth and development, we know only too well that for many women and children, violence and the threat of violence are parts of everyday life. (MacLeod, 1980; MacLeod, 1987; Pressman, 1984; Sinclair, 1985).

Specialized treatment services for abusive husbands (i.e., any man in an intimate relationship with a woman) were non-existent in Canada until the late 1970s. The impetus for developing treatment services for men came from the requests of assaulted women, many of whom were living in women's shelters. To their credit, the shelter workers had taught the women that they were not responsible for their partner's abuse. They were also taught that they could not do anything to stop the men from behaving this way; only their partners could change their violent behaviour. Providing men with an opportunity for treatment was, therefore, the next logical step.

Many women who are abused by their partners frequently need to leave the relationship for reasons of safety and protection for themselves and their children. They do not necessarily want the marriage to end but rather the violence. Wife assault rarely stops without some sort of outside intervention with the man. Women who decide to stay with, or return to, their partners remain at risk unless their partners receive effective intervention. Intervention is effective on an individual level when a) the safety and protection issues for the woman and her children are addressed; b) the man is able to acknowledge and accept responsibility for his violent behaviour; c) he no longer rationalizes his behaviour by making excuses or blaming others (particularly his wife); d) the man is no longer violent in any way (physically, psychologically, verbally) toward her. If a couple does separate, the man will probably be abusive in subsequent relationships if he has not sought effective treatment. Thus the provision of treatment services for violent men not only provides them with an opportunity to change their abusive behaviour, but also protects the women with whom they are involved both now and in the future.

The Development of a Treatment Program for Abusive Husbands

In the late 1970s there was only scanty training material available for working with abusive husbands, although Jennifer Baker Fleming's book, Stopping Wife Abuse (1979) was a useful

source of information on men's groups. Today many excellent references further our understanding of wife assault, and also provide methods of treatment: Emerge, 1981; Ganley, 1981; Roy, M. 1982; Browning, 1984; Currie, 1983; Pressman, 1984; Sinclair, 1985; Sonkin et al. 1985. These works are based on the first-hand experience of clinicians working directly with the men.

As Harris and Sinclair stress in The Domestic Violence Project: A Comprehensive Model for Intervention into the Issue of Domestic Violence (1981), it is important that a service program for abusive men be part of a comprehensive approach to working with the problem of wife assault. It must occur in conjunction with, not instead of, or previous to, the provision of safety and security for abused women. Without a safe place to go, assaulted women and their children remain at risk. A comprehensive approach must include: a) services to assaulted women and their children, b) service coordination and resource development c) public education, d) professional training, and e) political action. Violence against women and children is a social problem and therefore requires solutions both on an individual and on a wider community level.

Currently there are over 40 treatment programs across Canada, and many others in the United States. Few programs, however, contain any sort of research component or evaluative measures of their effectiveness (i.e., in stopping violent behaviour). This lack of formal evaluation is an important gap to be filled in the development of men's services (Browning, 1984, p.45). On an individual level, the clinical interventions that have been developed can be validated only if there is some way to evaluate them, and on the wider social level, one must evaluate what difference the program makes to the everyday lives of women who are assaulted.

Further, as more treatment programs develop, whether funded by governments or by various grass roots organizations, the range of treatment resources provided expands. It is increasingly important to clarify the goals of treatment, the structure of the program and the nature of the intervention in order to understand which approaches are successful and which should be abandoned. This manual suggests a method of intervention recommended by the author, D. Currie, and in use at the Clarke Institute of Psychiatry, Toronto, Canada.

PURPOSES OF THE MANUAL

This manual is directed toward those who have undertaken to provide a service for abusive husbands. The purposes of the manual are to:

1) provide information and direction for designing and implementing an intervention program for abusive husbands which emphasizes the safety and protection issues for the woman.

2) describe a set of assessment and research instruments that will:

   - provide information about the abusive man.
   - provide information from the victim about the violence.
   - evaluate the progress of the men in the program
   - examine the long-term effectiveness of such programs
   - further clinical knowledge, thereby informing future practice in this area.

3) state a position about the variety of frameworks and interventions currently found in this area in order to increase the effectiveness of this work, and thereby to help stop violence against women and children.

THE FRAMEWORK

Overview

The first step in designing a treatment program for abusive men is the development of a framework for understanding what causes a man to abuse his wife. The development of such a framework is becoming the subject of heated debate. The choice of framework will determine the nature of the interventions, both on an individual and on a community level.

The framework of many programs is based on the simplistic view that wife assault is primarily a psychological problem. For example, some programs operate under the assumption that the man abuses his wife because he has difficulty expressing his anger. Therefore, if he can be counselled to manage his anger better, he will stop being violent towards his wife. This view also holds the wife, at least in part, responsible for his violence because she is seen as the one who causes him to become angry and, therefore, violent. What seems to be overlooked in such a viewpoint is that often the husband has regular experiences in which he is angry with other people, but is violent only towards his wife. Anger is an emotion which, like other emotions, needs to be handled in ways which are healthy and constructive. Violence is an inappropriate, unacceptable and destructive behaviour.

Other frameworks see the cause of violence as the stress the man might be under. It is true that a high level of stress may be present in an abusive husband's life, however, when stress is identified as a reason for a man's violence, it provides him with an excuse to diminish and externalize his responsibility for his violence.

Another common analysis or framework focuses on the inter-relationship between a man and a woman. It views a violent outburst as an argument that got out of hand or as a communication difficulty that the couple may be experiencing, thus again holding the woman at least partly responsible for how her partner behaves. It serves to justify the man's behaviour because of certain things his wife said or did which irritated him. This opportunity for rationalization is the main reason why traditional marriage counselling has failed to provide an effective means of stopping wife assault.

The difficulty with many of these frameworks is that, in reducing wife assault to a psychological problem, the social context within which violence occurs is ignored. Wife assault is viewed as an individual or marital problem only. This view does not address the social inequality of women which underlies violent behaviour towards them.

In "Treatment Models of Men Who Batter: A Profeminist Analysis," David Adams (1987) provides an analysis of several treatment models and describes their short-comings from a feminist perspective. The article brings much clarity to the thinking and ideas about the issues that intervention programs need to address.

Gondolf and Russell (1986) have addressed similar issues. Their article, "The Case Against Anger Control Treatment Programs for Batterers," explains how an emphasis on anger management serves to blame the victim for the batterer's behaviour and thus further aids the process of externalization. Most importantly, the authors describe how such an approach fails to address the social factors that cause wife abuse.

The roots of violence against women are imbedded in a society in which women are devalued and treated as inferior to men. Women experience this oppression not only in the larger society, in the form of gender discrimination, pornography, and rape, but also in their own homes from their own partners. Further, this violence has been condoned and seen as legitimate.

It is patriarchal and traditional attitudes and values that permit wife assault. This manual describes an intervention program that seeks to change these attitudes and values. This

program, OPPORTUNITY, views wife assault from a profeminist perspective. Intervention is required on both social and psychological levels. Violence is seen as a problem in itself, not as a sign or symptom of an underlying problem that a man is experiencing within himself or in his relationships with others. The husband is seen as solely responsible for his abusive behaviour.

The framework for OPPORTUNITY consists of three overlapping sets of causal and perpetuating factors that reflect this profeminist view of wife assault. These three areas are:

1) Social Context

2) Psychological Profile

3) Community Response

The diagram on page 9 demonstrates how these sets overlap with one another.

The Social Context

The social context within which violence occurs against women is the most important set of factors for understanding wife assault. Historically, enduring attitudes and values about men and women have shaped a patriarchal society, one which sees men as naturally superior to women and considers it a man's right and responsibility to control his wife's behaviour. These attitudes and values have become imbedded over the centuries and are reflected in particular social structures, e.g., division of labour, institutional policies and discrimination against women.

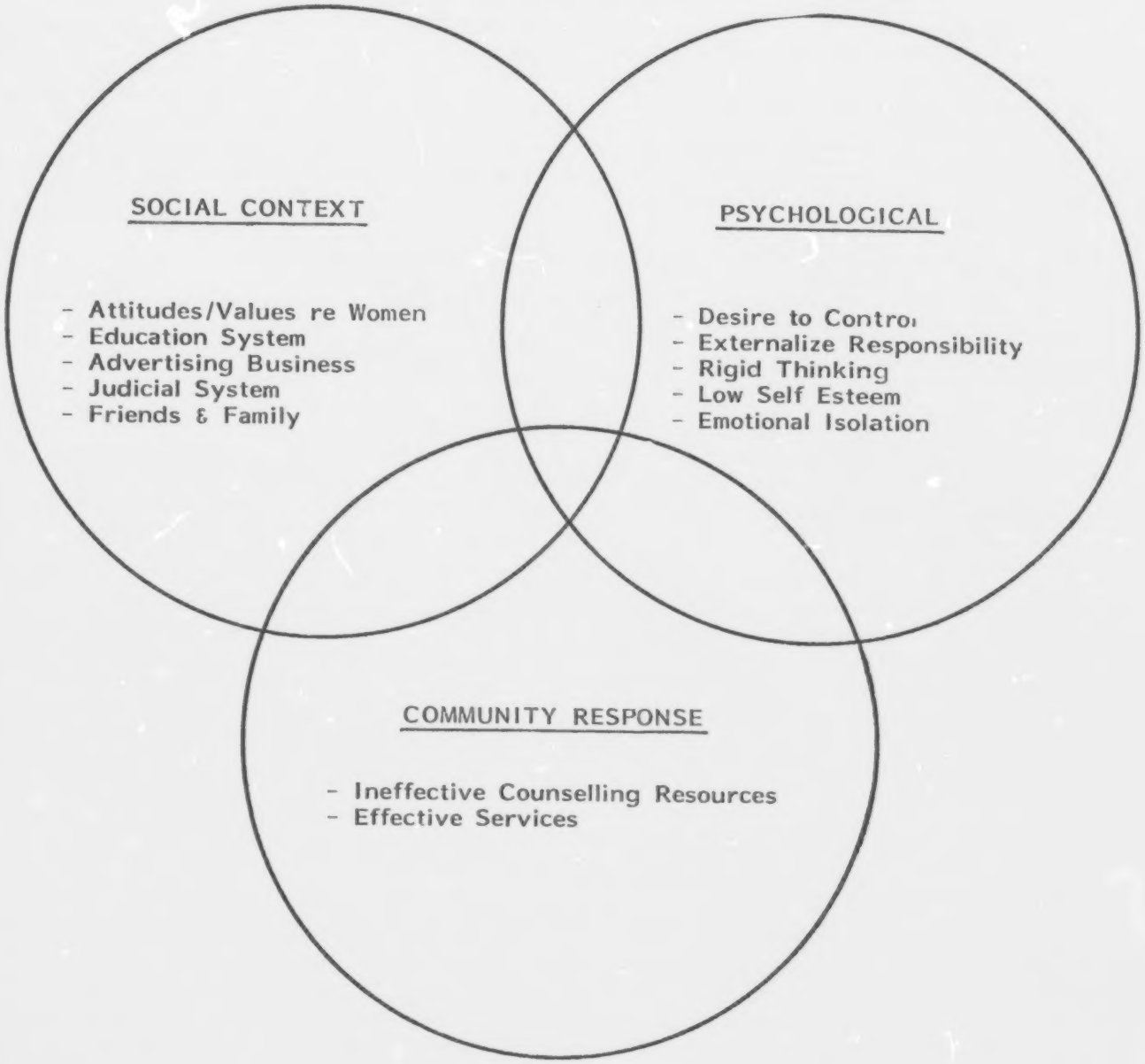
The educational system also reflects, teaches, and therefore perpetuates societal attitudes and values toward women. In terms of career counselling, women have traditionally been steered toward jobs or careers that are inferior in status and remuneration to those that men have been encouraged to seek. In family life classes, material has often supported a traditional, rigid patriarchal family structure that sees the father as the head of the household and everyone else as subservient to him. The image portrayed of "normal" or "typical" family life has often been unrealistic. At the present time, there is almost a total absence of any kind of preventive education as a part of the educational curriculum.

The advertising business has probably been one of the most important influences on the current portrayals of men and women. Our attitudes and values are formed in part by our perceptions of the world, and the advertising industry provides so many of the images we see. Advertising images of men and women often

OPPORTUNITY

A Treatment Program For Abusive Husbands

THEORETICAL FRAMEWORK



portray stereotyped characteristics of personality, physical appearance or lifestyle. In order to change attitudes and values, we need to be aware of negative and demeaning portrayals of women in the media and in other spheres. We should talk amongst ourselves and with others to raise our collective understanding of how these images serve to objectify and demean women, thereby maintaining a view of women which is limited and sexist. In addition to affecting our perception about the sexes, advertising can also have a profound effect on how we feel about ourselves. The extent to which we are able to live up to our images of male or female will, in part, determine the extent to which we feel self-confident and secure in our own selves. An assaulted woman often thinks that in her role as wife and mother, she will only feel competent if she is able to maintain a satisfying home and family life, despite the fact that she is subject to abuse by her partner. To the extent that she is unable to live up to these images, she will internalize the difficulties as a reflection of her abilities. Advertising images also portray women's value and worth as secondary to that of men as they may be shown in submissive and subordinate roles vis-a-vis a man. This is well illustrated in Killing Us Softly, a film about women and advertising. (Available through the Family Violence Film Collection, a Health and Welfare collection managed by The National Film Board).

The judicial and legal system has functioned in a way that often excuses a man's assaultive behaviour toward his partner. Assaultive behaviour in the home has frequently been considered a private domestic problem. There has, therefore, been a reluctance in the past to press charges, despite the fact that if this same behaviour occurred between strangers on the street it would be treated as a criminal act. As police practices begin to change, wife assault is increasingly being treated as a criminal act, in that men who assault their partners are now being charged. This is an important change if, optimistically, we think of it as reflecting an overall societal shift in values. The shift reflects a beginning recognition of women's status as equal to that of men.

Friends and family members contribute to the violence in a variety of ways. They may make excuses for the husband's behaviour ("He really has been under a lot of pressure lately"); they may refuse to believe the wife ("Oh, he was just sounding off"); they may pressure the wife to preserve the family unit, despite the potential danger for her ("He really is such a good person - he doesn't run around on you. Just try a little harder around the home and you'll see how things will improve"). Friends also ignore domestic problems and are hesitant to get involved. This is perhaps more common than outright blaming of the victim.

As can be seen, factors which create and maintain the problem of violence against women permeate all areas of our society. By being aware of, and addressing, these factors in efforts at intervention, programs will work toward structural changes which will help bring about the cessation of violence against women.

The Psychological Profile

1) The Desire To Control

Abusive husbands exhibit a strong desire to control their partner's behaviour, including her thoughts and feelings. Their control is established by means of inducing fear in the woman by one or more abusive forms of behaving (e.g., physical, psychological, verbal, property damage). This inducement of fear may completely immobilize the woman, preventing her from taking any action on her own behalf. At any point in time where he feels he is losing control over her, he may employ a fear-inducing technique with the explicit purpose of re-establishing his control.

The abusive husband often appears to be highly sensitive and vulnerable to separations from his partner. In actual fact, what he is sensitive to is losing control over her. If the woman leaves, or threatens to leave, the relationship he will provide all sorts of promises about stopping his abusive behaviour and seeking treatment if she will agree to reconcile. Such fears of losing control over her are also seen in his attempts to restrict her affiliations outside of the home, particularly those with other men.

In the society in which he lives, the man has much support for controlling his wife. Historically, such support has even been present under legal sanction, as in 'The Rule of Thumb' (R.Langley and R.Levy, 1979). The rule specified that a man could strike his wife with a stick, provided that the stick was no wider than the width of his thumb. This rule was designed to help husbands, who were heads of households, keep the woman and children in line. Such a message may still echo today from the man's friends and family members. His image of himself as a man, and as a husband, may result in his perceived right to control his wife.

The fear of loss of control reaches the ultimate height when a man decides to murder his partner and then to take his own life. Such an action on his part shows the final desperate measures to which the man may resort in order to avoid relinquishing control over her.

2) Externalization of Responsibility for Behaviour.

This is one of the most frequently observed characteristics of the abusive husband. It describes how he will hold someone else (usually his partner) responsible for his abuse. He will often make up excuses of one sort or another or claim that he was "provoked" into behaving as he did. He will also tend to minimize or deny his abusive behaviour and any resulting injuries. His account of the details of the incident of abuse will usually differ significantly from that of his wife.

An abusive husband is often motivated to seek treatment by external factors such as separation, or threat of separation, initiated by his partner, charges by the police, the advice of defense laywers, or a court or probation order. The primary reason for seeking treatment is a response to an actual, or threatened, separation by his wife. Under such circumstances the man will usually remain involved in treatment as long as the hope of reconciliation is manifest. The man may well attend a number of sessions with the sole purpose of appeasing his wife so that she will not leave him. Such an arrangement will have little impact on his violent behaviour.

Further, a man may attempt to coerce his partner to return because he is seeking counselling. Or he may agree to seek counselling only if she agrees to return home at once. Such situations only further indicate his need for treatment, as his coercive behaviour towards her continues. In cases where a man is primarily motivated to simply get his wife back, he may well drop out of treatment after she returns home.

Despite this, a few men have initiated treatment themselves, either because they have finally come to realize that it is not their partner's problem, or because they have found themselves repeating their violent behaviour in a subsequent relationship, and realized when the relationship ended that it was not really a new partner they needed.

3) Rigid Thinking

Rigid thinking often serves as a defense mechanism or as a source of security for the psychologically vulnerable man. Rigid thinking embraces a clearly defined set of expectations and behaviour patterns which are frequently based on traditional sexual stereotypes -- the woman as housekeeper and child raiser, the man as income earner

and major decision maker. The husband may view any change in this pattern as a threat and may react violently.

4) Low Self-Esteem

Although abusive husbands may appear to be confident and angry individuals who blame their partners for their violent behaviour, in fact, they suffer from low self-esteem. The continuation of violent episodes serves to further erode a negative self-image. Abusive husbands rarely feel good about their abusive behaviour, even though they may claim to have many reasons to justify it. An abusive husband usually claims to feel guilt and remorse after a violent incident; however, such feelings are usually not related to what he has inflicted upon his partner. He is upset at losing control of her and of himself and seeks to re-estabish this sense of control. His attempts to make up and his promises not to repeat the violence are sometimes indications of such attempts. Any unsuccessful attempts to re-establish his sense of control by himself result in increased negative feelings about himself and, possibly, increased violence. His feelings about himself may be further eroded if, after receiving poor professional intervention, he is still unable to stop behaving violently. This underlines the importance of having an informed professional community.

In a study of the self-esteem of abusive husbands, Goldstein and Rosenbaum (1985) reported that "Wife abuse is associated with deficiencies in the self-esteem of the abusive husband." (p.427). They add "Regardless of whether the abuse was a cause or effect of low self-esteem, once that esteem is damaged it may become an etiological factor in future abuse incidents. Dealing with the self-esteem of the abusive husband may, therefore, help to prevent future violence." (p.428).

5) Emotional Isolation

An abusive husband may well work full time, have a number of business and personal acquaintances, and yet be quite emotionally isolated from the world around him. Social norms do not encourage men to examine or talk about their emotional lives. Many men are not even particularly ware of their own feelings, let alone those of others. They are encouraged to relate to others in ways that, all too often, exclude warm, personal, and intimate exchanges. Conversation between men usually concerns external aspects of their lives, rather than internal experiences or emotions. When a man's sense of identity is based on this kind of superficial interaction, his sense of isolation and loneliness may be substantial.

Community Response

A number of factors must be considered concerning the availability of resources for the abusive husband.

First, we need to be aware of the presence of any ineffective counselling resources, such as those mentioned previously (i.e., ones which imply that the woman is responsible for how her husband behaves), which only encourage an abusive husband to stay the same or to continue blaming others for his behaviour.

Ineffective treatment methods also jeopardize the safety of the woman. For example, many programs for men fail to address the safety and protection needs of the woman and children. They may not even involve the woman as part of the man's assessment. Such non-feminist approaches not only increase the woman's sense of isolation and undermine her efforts to empower herself, but potentially increase her exposure to danger. Such restrictions on her involvement also serve to permit the inequality between them to continue. It is critical to provide advocacy for an assaulted woman and her children as an integral component in programs which provide counselling services to men.

Second, there are a limited number of effective services which provide a comprehensive approach, despite the increase in awareness in recent years of the extent of the problem. Where these comprehensive approaches exist, there are long waiting lists or delays. Many communities, particularly in rural areas (but not restricted to them) have no service at all.

Finally, in a comprehensive counselling program for abusive husbands, the following components should be present:

- a close liaison with the local women's shelter;
- referral networks with the police and court system;
- membership on a coordinating committee which is dealing with an integrated response to wife assault in the community;
- provision of leadership in offering professional training, public education and political action;
- a clear stand opposing violence against women. Men working in this area need to act as role models for non-violence in order to influence men, women and children.

THE INTERVENTION PROGRAM

Overview

OPPORTUNITY is an intervention program for men who assault their female partners. The program is set up mainly to provide services to the men. There is, however, a referral service for the women to provide resources for safety and protection, legal advice, housing, counselling, group support or financial assistance. The advocacy which is provided to all the female partners is an integral part of this program.

The goals of the intervention program are:

a) to help men stop their abusive behaviour toward their wives;

b) to encourage men to take responsibility for their thoughts, feelings, perceptions, and behaviour;

c) to teach men about the many forms, and destructive effects of violence in their lives;

d) to teach men new, positive ways of thinking and feeling about themselves;

e) to teach men new and more positive ways of relating to their partners.

Another important goal of OPPORTUNITY is to ensure the safety and protection of all family members. Thus contact with the female partner and children is an essential part of the program. A close liaison with local women's shelters is a valued and vital part of this program.

In addition to the counselling services provided, OPPORTUNITY also provides public education and professional training in the area of wife assault. These elements are critical to a more comprehensive and community based program.

There are two parts of the intervention program: the Assessment Program and the Treatment Program. The Assessment Program consists of at least one interview in which the man is asked a number of questions and completes various tests. There is also a separate interview held with his wife. Upon completion of the Assessment Program, the man is eligible for the Treatment Program.

The Assessment Program

The assessment begins with the initial phone call for help from either the husband or the wife. If the wife calls, it

is important to find out if she is in any danger at the present moment, to obtain her phone number and address, to assess the history of violence, to determine the details of the most recent incident, to determine what resources she needs (shelter, transportation, friends or family support, support group), and to make any necessary arrangements. The details of the program should be explained to her, including the fact that her husband must call to set up the first appointment for himself.

If the husband himself calls, the safety of his partner should be assessed right away by asking him to describe the situation at home (i.e, where is his partner?), and give a brief history of the violence and details of the most recent incident. Since he is usually reaching out at a time of crisis, it is important to see him as soon as possible.

Both the man and the woman are interviewed, but at separate times. The practice of seeing the couple together is viewed as dangerous for the wife, since it implies that the violence in some way is a marital interaction problem for which she is, at least in part, responsible. Also, she is unlikely to be as forthcoming with information if he is present. He may assault her after the interview if he does not like what she has said, thereby increasing her danger rather than reducing it.

The objectives of the interview with the husband are:

a) To gather details concerning the most recent incident of violence, as well as to discern any patterns of violent behaviour. This is done primarily for the safety and protection of the partner and any children. Some questions to keep in mind are: Is the man familiar with the different forms of violent and abusive behaviour? Does he blame others (particularly his wife) for his abusive behaviour? Does he understand that it is harmful to all members of the family (particularly his wife) when he abuses her?

b) To learn the history of violence in previous or other relationships, (including childhood experiences, previous marriages, dating relationships), and to ascertain any family history of violence. The details that emerge will give a fuller picture of the nature of, and the influences on, the man's abusive behaviour. For instance, has he shown violence toward other people in his life? Was violence shown to him as a child? What seems to be the nature of the circumstances surrounding his violence? Does he know when he is about to be violent or what situations trigger violent behaviour?

What does he think are the causes of his violent behaviour? How much does he seem motivated to seek help to change his behaviour? These are just some of the questions that should be kept in mind by the counsellor during the interview. (For more detailed areas of assessment, the reader is referred to Understanding Wife Assault: A Training Manual for Counsellors and Advocates [D. Sinclair, 1985]). While most of the questions can be asked directly, others require judgement on the part of the counsellor.

At the beginning of the interview the man is asked to complete the Assessment Consent form (see Appendix A). Besides agreeing to be involved in the Assessment Program, the man agrees to allow counsellors to make contact with his wife. The consent form also states the terms of agreement with regard to confidentiality. Everything is held in strict confidence unless there is perceived to be a threat to the safety of his wife. After signing the consent form, the man is asked to fill out a questionnaire (Appendix B). This Intake Questionnaire for the husband is used to gather personal information as well as the history of violence both committed by and inflicted on the man. There are specific questions about alcohol and drugs. As well, there are more open-ended questions designed to examine the man's perceptions, thoughts and feelings. The responses to these questions can be compared with the responses of other men, providing a more indepth understanding of the abusive husband, thereby improving treatment.

In addition to the Intake Questionnaire, there are a number of testing measures that are useful in supporting specific clinical impressions, as well as in furthering the research component of working with abusive husbands. These are:

1) The Minnesota Multiphasic Personality Inventory (Hathaway and McKinley, 1943). This test provides information concerning the psychological profile of the man.

2) The Beck Depression Inventory (Beck and Beamesderfer, 1974). This test can be used to assess the presence and depth of depression in the man. This is particularly useful to determine if there are any thoughts of despair or suicide.

3) The Attitudes Towards Women Scale (Spence, Helmreich and Stopp, 1973). This test can be used to help determine if the man has attitudes that may contribute to the use of violence toward women.

4) The Rosenberg Self-Esteem Scale (Rosenberg, 1965). This scale can be used as an indication of the level of the man's self-esteem.

5) The Rotter Internal-External Locus of Control (Rotter, 1966). As abusive husbands are often found to externalize the responsibility for their violent behaviour, this test measures the extent to which a man sees himself controlled either by external factors or by his own decisions and thoughts.

6) The Shipley Institute of Living Scale (Shipley, W. 1940). This scale measures I.Q., thereby assisting in determining the most suitable treatment modality.

Tests 2 through 5 can be given again during and after treatment to evaluate change and progress.

In the interview with the man's partner, the questionnaire found in Appendix C is used to obtain detailed information about the history of violence, what injuries she has sustained, and any other violence that has occurred in her life. In addition, specific plans are made with her about places she can go or protective actions she can take if she perceives herself to be in further danger. She is encouraged to contact the counsellor if there are any subsequent threats or episodes of violence. She is also informed that she will be contacted by the counsellor if her safety is ever perceived to be in jeopardy. The man has consented to this in his assessment interview, thus it is not viewed as a breach of confidentiality. These procedures are very important and differ markedly from a traditional counselling approach.

The Treatment Program

Once the man has completed the Assessment Program, he is eligible to continue in the Treatment Program. He cannot enter the Treatment Program without first completing the Assessment Program. This section will describe treatment in a group format, although there will be comments later on regarding the use of individual counselling.

The group format is that of an ongoing group. The members contract for 10 weeks at a time and at the end of the 10-week segment, they have the option of contracting for another 10 weeks. A copy of the treatment contract can be found in Appendix D. This structure allows for a varied length of time for each member to be involved in treatment, since some men need longer treatment than others. It has been found that 10 weeks is often

enough time to learn how to stop physical abuse, but not other forms of controlling behaviours toward one's partner. This structure also creates the possibility of adding new members on an ongoing basis (every 10 weeks), and of exposing new group members to those who are more established, a process which has been found to be an enriching experience for both new and experienced members. The impact of role modelling by both the group leader and members who have begun to change is seen as valuable.

The Treatment Program design is based on an understanding of the kind of men that come for treatment, the factors that cause a man to abuse his wife, and of the elements of the process of change for the men.

There is certain information the group leader needs to give directly to the group members to help them learn important and often new things about themselves, their violent behaviour, and their partners. For example, many abusive husbands are not aware that property damage is a form of abuse toward their partners. Some even consider slapping and shoving as non-violent. In addition, there are periods for discussion of this information, and related ideas that emerge. Questions and comments are encouraged throughout all of the sessions, so there is much opportunity for interaction among members.

Standardizing the treatment program enables an evaluation and research package to be used, which in turn helps us to determine the most effective elements of treatment and provide further information about the process of change. Standardizing also enables a program to be repeated by others, whether for clinical training or research purposes.

An outline of the structure of the OPPORTUNITY treatment program follows. The program consists of 10 sessions, each 2 hours in length. The group is made up of approximately 6 to 8 members and 1 or 2 group leaders, with at least one being male. Members are required to attend 8 of the 10 sessions. This structure is intended to serve as a guideline only and indicates the important themes and issues. Each session is outlined, including a section of Sample Comments which may be spoken by members who are responding to the different themes of the session. The structure is not a recipe. There must be room for the personal style of the counsellor. However, for this structure to be effective, the counsellor must employ a profeminist analysis of wife assault; he must be capable of identifying with the struggles and the viewpoints which the men bring, athough he must be advanced in the process of resolving these issues in his own life; he must be committed to working toward the cessation of violence against women as well as sexual

inequality; he must facilitate the conditions for change in the men, and encourage the men to make their own changes.

Structure and Content of the Treatment Group

Session One

1. Introductions - The Process of Joining.
The group leader provides a brief overview of how the group program came to be. Members are then asked to introduce themselves and talk about their reasons for being at the group. The group leader helps to create an atmosphere whereby the members can begin to identify with each other and the group purpose.

2. Learning About Abusive Behaviour.

a) What is Abusive Behaviour?

Definition of Wife Assault (D.Sinclair, 1985):

Wife assault involves the intent by the husband to intimidate, either by threat or by use of physical force on the wife's person or property. The purpose of the assault is to control her behaviour by the inducement of fear. Underlying all abuse is a power imbalance between the victim and the offender.

Forms of Wife Assault (A.Ganley, 1982, D.Sinclair, 1985): **Physical** assault is the most obvious form to identify. It includes slapping, punching, kicking, shoving, choking and pinching. Other types of physical assault include throwing things (such as acid) into the victim's face, inflicting cigarette burns on the body, using objects such as a vacuum cleaner hose, a coat hanger or a belt with a buckle to beat the victim. The use of weapons such as guns, knives or axes may result in the ultimate act of violence - murder. The abuse is directed toward the body, sometimes to parts of the body that do not bruise easily, such as pubic bone, skull or the bottoms of the feet.

Counsellors and clients sometimes view the assault on a continuum from mild (slap or push) to severe (use of weapons) assault. This can be misleading and dangerous if the intent is to minimize certain kinds of assaults and to view them as less worthy of attention and intervention. However it is a logical framework to use if the intent is to assess the severity

by examining the consequences. A "small shove" may be a push down the stairs resulting in a damaged spine. A slap with an open hand may result in a broken nose. To accurately assess the immediate danger would mean not only an examination of the actual violence but also the consequences of the assault. Even when the assault does not result in visible damage, it still should be taken seriously, as it may be the beginning of a pattern that will increase in frequency and severity over time. It can end in murder.

Sexual assault often starts with demeaning women through jokes, name-calling and unwanted touching. It includes any forced sexual activities, as well as excessive jealousy and sexual accusations. Some victims describe being forced to engage in sexual acts that they find distasteful or painful, such as group sex, anal penetration or penetrating objects in sex. The victim's sexual needs are seldom attended to. Sex is sometimes used as a punishment by rejection of her as a sexual partner. The husband often flaunts stories of his extramarital affairs and subjects his wife to unfavourable comparisons with other women. Women describe the humiliation of being forced to tolerate, and engage in, sexual practices portrayed in violent pornographic magazines bought by their husbands and openly displayed in their family home. Sometimes, the victim will not even think that she has been sexually abused. One common situation involves the woman who submits to her husband's sexual demands because she does not feel she has the freedom to refuse without serious repercussions. She feels she cannot say "no" because submission is viewed as part of her wifely duty. Sexual assault is often accompanied by threats of violence or actual violence. It can end in murder.

Psychological abuse differs from emotional or verbal abuse. It has greater power to induce fear in the victim because the threats of violence have been accomanied by at least one incident of physical abuse. The offender has demonstrated his ability to carry out his threats. Psychological abuse can take various forms:

1. Making threats such as suicidal threats, violent threats against the victim and her loved ones, threats to harm her property and pets, threats to kidnap the children, threats of deportation if she is under his sponsorship, threats to use

information he may have about her past life against her if she leaves him.

2. Forcing her to do degrading things such as cutting up her favourite dress, washing her mouth out with soap, licking the dishes clean.

3. Doing things that will terrorize her, such as driving through red lights, speeding on slippery streets, tying a noose around her neck, playing with a gun or knife in her presence.

4. Verbally attacking her personality, attitudes or beliefs or belittling any efforts she makes to better herself.

5. Controlling her activities, disrupting her routines, depriving her of necessary needs (such as sleep, food, sex, money) isolating her from family and friends.

These kinds of psychological tortures are designed to wear the victim down. She is in constant fear for her safety. Her situation is extremely unpredictable as she seldom knows if he will physically harm her. Its insidious nature cripples her capacity to think clearly, thereby creating a life-threatening atmosphere. It can end in murder.

Destruction of Property is less likely to be taken seriously by everyone involved. Because he appears to direct his rage at objects, he is perceived as less threatening by outsiders. "At least he didn't harm her..." This is not the case. On closer examination, you will find that he is very deliberate in choosing his targets. He destroys her property; her photo albums, her cherished mementos, her favourite dress. His message is clear: "Stay in line, because the next time it could be you..." When women share with you their worry about not wanting to leave the home out of fear their valuables will be destroyed - believe them. Unless they are in immediate danger, it is more effective to help them develop a plan of action that will protect not only them but also their personal property. Pets are not immune to his destruction, nor are children. Both can be used as a means to intimidate and control her. It can end in murder.

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b) Questions for each member to consider about violence:

- in what ways am I violent?
- what are the costs, to me, of my violent behaviour?

c) What do we know about violence?

- it doesn't end without intervention.
- it destroys and harms others.
- it destroys trust and relationships.
- it destroys self-image.

3. Film - Up The Creek (15 minutes). A film about the repercussions of wife assault from the husband's point of view. It is available from the National Film Board distribution centre, Family Violence Film Collection.

Discussion:

- Member reactions to the film.
- What they learned from the film.
- Relating the film to other material already discussed.

4. OPPORTUNITY Program:

- Goals and Purpose
- Individual Member Goals - developed by each member.
- Contracting - See Appendix D.

5. Explanation of Check-In/Check-Out.

This is a brief exercise which occurs at the start and end of each group session. In the Check-In, each member states how he is feeling at the time, whether there were any violent incidents during the week or any other significant events. In the Check-Out, each member states how he is feeling at the end of the session and what he thought of the session.

The purpose of this exercise is to provide a sense of the emotional state of each member as he begins and

ends each session. It also assists in screening for any suicidal or homicidal ideation.

Sample comments during the session:

- "I haven't really been that violent toward my wife. I just shoved her a couple of times."
- "It's provocation that made me hit my wife, she provoked me."
- "I was drinking, I don't even remember hitting her, but she says she won't come back unless I get help."

Session Two

1. Check-In
2. Review of previous session. Reviews are used to reinforce what was covered in the previous session, as well as deal with any left over responses or questions.
3. Film - Shifting Gears (13 minutes). This film, put together from a man's perspective, suggests how men can help one another come to terms with their aggression. It is available from the National Film Board distribution centre, Family Violence Film Collection.

   Discussion:

   - member reactions to the film.
   - what they learned from the film
   - relating the film to earlier discussions
4. Questions for each member to consider about violence:

   - How do I decide to be abusive?
   - How did I learn to behave abusively?
   - What is the intention of my abusive behaviour?
   - How has violence been a problem for me?
   - Who is responsible for my violent behaviour?
   - What are the benefits for me of being non-violent?

- What will the costs be to me if I continue to be abusive?

- What are the excuses I use to continue being violent?

The purpose of these questions is to increase self-awareness and to begin the process of internalization of responsiblity for behaviour.

5. The Abuse Log: Description and Use.

The Abuse Log

Name:_____ Date:_____

There is a variety of abusive behaviours which are used by men to control women. The Abuse Log provides a method of identifying and monitoring the use of these behaviours in order to work toward eliminating them.

Complete the Abuse Log on a weekly basis, using the abusive behaviours covered in Session One. The completed log should be brought to each session for review.

Abusive Behaviour	My Thoughts	My Feelings	The Outcome
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

6. Check-Out.

Sample Comments during the session:

- "If this doesn't change, I'm going to lose my whole family."
- "I was only trying to make her listen."
- "My dad used to hit me all the time." "My wife was abused in her family as well as her first marriage."

Session Three

1. Check-In.
2. Review of previous session.
3. The Abuse Log - Review entries by members.
4. Pre-Violence Cues Exercise:

Members are asked to close their eyes and recall a violent episode towards their partner. They are asked to recall all the signs and signals which were present just prior to the physical violence. For example, what do you remember seeing? Who was present? Where was the location? What do you remember hearing? Was it noisy? Was it quiet? What do you remember feeling inside? Were you relaxed and comfortable or tense and uptight?

Members are asked these questions with a pause between each one, allowing them enough time to reflect on their answers. Then, similar questions are asked in relation to the time period during which the physical violence was occurring. Finally, they are asked similar questions for the time period after the physical violence has stopped.

The examination and discussion of each time period provides information about the experiential state of each member, and about how much he is aware of his own thoughts and feelings. The awareness of pre-violence cues provides an indication of how much a member is aware of his own thoughts and feelings.

This exercise provides an awareness to each member of the different signs or signals available to him which indicate that he may be building up to become violent. His awareness of these cues early on in this process provides him with a good opportunity to choose other alternatives to being violent.

5. Alternatives.

   Looking at alternatives to violent behaviour provides a forum for members to discuss ways in which they have steered clear of being violent, and to develop alternative plans whenever they feel like they are on the verge of violence. The members are encouraged to develop their own set of alternatives so that they become responsible for making these changes.

6. Discussion.

   If time permits, a discussion can be held to cover the different topics of the evening as well as addressing other related questions or ideas which emerge.

7. Check-Out.

Sample Comments during the session:

- "I don't remember much build-up beforehand; all of a sudden we were arguing and I hit her."
- "I felt horrible afterwards; I just wanted to kill myself."
- "I felt so messed up afterwards; I didn't know what to do."

Session Four

1. Check-In.
2. Review of previous session.
3. The Abuse Log - Review entries by members
4. Film - To Have and To Hold (20 minutes). This is a film describing Emerge, a men's counselling program in Cambridge, Massachusetts. It is available from The National Film Board distribution centre, Family Violence Film Collection.

   Discussion:

   - member reactions to the film
   - what they learned from the film
   - relating the film to earlier discussions

5. Check-Out

Sample Comments during the session:

- "I always thought I had to control her, like I was the boss."
- "I've never had an experience like this, where guys sit around and talk about things that bother them."
- "It's not so easy being a man you know. I know I didn't have the right to hit her, but I was under a lot of pressure."

Session Five

1. Check-In
2. Review of previous session
3. The Abuse Log - Review entries by members
4. Discussion - The Images of Men and Women.

   a) Male/Female Characteristics and Roles - What are members' ideas about these? It is useful for discussion to list all the descriptions under the headings of male and female on a blackboard.

   b) Husband/Wife Characteristics and Roles - What are members' ideas about these? It is useful for discussion to list all the descriptions under the headings of husband and wife on a blackboard.

   c) Healthy and Unhealthy Relationships - What are members' ideas about these? It is useful for discussion to list all the descriptions under the headings of healthy and unhealthy on a blackboard.

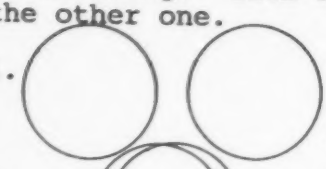
   d) The Dependency Chart - this chart is used for discussion purposes and describes the characteristics of three types of relationships.

      In the first example the circles represent 2 people who perhaps live together but who have little or no emotional involvement with each other. They would be like boarders living under the same roof.

      In the second example the circles are very close together and describe 2 people who are so close together, or spend so much time together, that they have little separateness in their own lives. They desperately need each other and may become preoccupied with each

other's life. They need each other in order to survive. There is little or no tolerance of differences or separateness. Emotionally the relationship can feel overwhelming and suffocating.

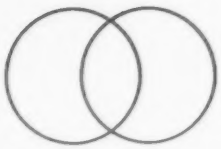
In the third example, the circles are sometimes close together and at other times separate. There is tolerance for either to move close or apart. The 2 circles represent people who want to be together but don't desperately need each other in order to function. Differences in thoughts, feelings and behaviour are seen as interesting rather than threatening. Each one pursues some interests separate from the other one.

1. 

Independent. Characterized by distance, no intimacy, no support, loneliness.

2.

Dependent. Characterized by tension, instability, loss of self-control, immobilization, insecurity, need, anxiety, fatigue, little tolerance for differences or separateness.

3. 

Interdependent. Awareness, closeness, variety, respect for differences, movement, want, self-control, friendship.

The men are asked to select which style they think they fit into. Most of them Select #2. A discussion then takes place on how to move from #2 to #3.

The purpose of this exercise is to increase self-awareness of how the men's frequent preoccupation with their partners' thoughts, feelings and actions leads to further difficulties for both themselves and for their partners. It also serves to help reduce the degree of dependency that the men have on their partners. This begins to happen as they view themselves as separate individuals from their partners. At the same time, they base more of their self-image and self-esteem on themselves rather than on specific role behaviours in relation to their partners.

As the men begin to view their partners more as separate individuals and less as extensions of themselves, the quality of their relationships improve and their self-esteem rises.

5. Check-Out.

Sample Comments during the session:

- "Those close circles describe the kind of relationship I'm in with my wife. There's not much freedom at all."
- "I grew up thinking men were supposed to be number one in relationships."
- "I always thought women were all the same. Now I realize I've never gotten to know a woman very well."

Session Six

1. Check-In.
2. Review of previous session.
3. The Abuse Log - Review entries by members.
4. Discussion - The Images of Men and Women.

   a) Film - Killing Us Softly: Advertising's Image of Women. (28 minutes). This film demonstrates how advertising helps perpetuate a negative image of women and how this, in turn, effects our attitudes and behaviour towards women. It is available from The National Film Board distribution centre, Family Violence Film Collection.

      Discussion: Member reactions to the film.

   b) How do images or perceptions of men and women lead to abusive behaviour?

   c) What aspects of our society contribute to violence against women?

   d) What are some negative images of men and women?

   e) What are some positive images of men and women?

5. Check-Out.

Sample Comments during the session:

- "That film makes me feel angry. I don't think I'm like the men in that film and I sure don't want to be."

- "I've always felt empty my whole life and so I think I tried to cover that emptiness up by drinking and going through lots of women."

- "I notice you keep blaming your wife for what you did to her. I used to do that too and I can tell you that until you change yourself, nothing different is ever going to happen."

Session Seven

1. Check-In.

2. Review of previous session.

3. The Abuse Log - Review entries by members.

4. Discussion: The future for men

   a) What is in it for men?

   b) The development of a healthy identity for men.

   c) The image of a 'real' man is changing; where do I want to go and how do I get there?

   d) How can I best help myself to change?

5. Check-Out.

Sample Comments during the session:

- "How am I supposed to behave like a man if I change the things I've been doing for so long?"

- "I'd like my wife to be my friend, but I'm not sure how to do that."

- "I realize I never had any right to hit her. I hope it never happens again."

Session Eight

1. Check-In.

2. Review of previous session.

3. The Abuse Log - Review entries by members.

4. Discussion: How am I working to make changes in my life?

5. Check-Out.

Sample Comments during the session:

- "I'm really trying to look at myself and not play all the superficial games I used to."
- "It's hard to make changes like we talk about in here, when I don't know many people who talk like this."
- "It doesn't bother me any more that she does separate things, she has a right to."

Session Nine

1. Check-In.

2. Review of previous session.

3. The Abuse Log - Review entries by members.

4. Evaluation: Discussion.

   a) What have I learned so far?

   b) From what experience have I learned the most so far?

   c) From what experience have I learned the least so far?

   d) How have I changed so far?

5. Evaluation material handouts (see Appendix E).

6. Check-Out.

Sample Comments during the session:

- "Well, I've stopped hitting her but I still swear at her and lose my temper. I want to keep working on that."
- "Even though she said she's not coming back, I still think the changes I've made are good for me for the future."
- "I always wanted to control her all the time; I'm glad I don't do that so much now."

Session Ten

1. Check-In.

2. Review of previous session.

3. Discussion:

   a) Ongoing evaluation of change.

   b) Future planning:

      - where do I go from here?

      - what plans do I have if I ever feel that violence might recur?

   c) Summary of the group experience.

Sample Comments during the session:

- I wish other men would get involved in something like this too. My life has really changed."

- If I ever thought I was going to be violent again, I'd call you back."

- I've got lots to change yet so I'm coming to the next series of sessions as well."

TREATMENT ISSUES

As with any treatment program, a number of issues arise from time to time that can be problematic. Some issues that commonly occur are:

Dropping Out of Treatment

A man may drop out of treatment at any point in the process if he doesn't feel it is doing him any good. His initial motivation for attending, for example, may be related only to wanting his wife back. If joining the program fails to bring her back, he may see no further use in attending.

If this occurs, the group leader should encourage him to return to treatment, emphasizing that its purpose is to help him sort out for himself the concerns (the violence as well as other things) that brought him into contact with them in the first place. If he decides not to return, the group leader

should encourage him to call back if he changes his mind, letting him know that he is always welcome.

The group leader should also contact his partner to let her know that he has dropped out of treatment, and advise her to pursue whatever resources are necessary to ensure her safety and protection.

Continuing Violent Incidents

Violent incidents occur from time to time even while the man is in treatment. The members are expected to mention any abusive behaviour during the Check-In at the beginning of each session. It becomes the immediate focus of the group, and there will be time to discuss whatever incidents took place. It is important to talk with group members about how to create a safe atmosphere in which to share these experiences. If a man says that he has been abusive towards his wife, but the group leader does not hear from the wife (who has been encouraged to call the group leader if there are any further violent incidents), he should call her to make sure that she has taken whatever measures are necessary for her safety and protection. The man may know that she has been contacted.

If the leader hears from the wife that there has been an abusive incident, but the man fails to bring it up during the Check-In, it should be introduced at the end of the Check-In by the group leader as something they have been made aware of. Then the group discusses why the man did not raise the issue, what happened during the incident, and how he, as well as other group members, can work to change this or other abusive behaviour. The man knows from the initial Assessment that the wife may call the group leader if there is any further violence.

Confidentiality

Confidentiality in this program is subject to exceptions in certain circumstances. The man agrees to these in the consent form. The members are told that whatever they talk about in the group is confidential, unless there is considered to be any risk to the safety and protection of a man's partner or children. For example, if a member leaves the group in anger, saying that he has had it with his wife, the group leader should call his wife to warn her of her potential danger. She can then decide how best to handle the situation, based on what she has learned during our earlier contact about the use of resources and a safety plan.

The man's partner can find out whether or not he is attending treatment, his overall progress, and the circumstances of his dropping out, if he decides to do so.

Specific details of what the man says in treatment, which are not related to the safety and protection of his wife, are held in strict confidence.

The Process of Evaluation and Research

Evaluation is an integral part of the treatment program. It is conducted in order to measure the effectiveness of treatment, to further clinical knowledge about counselling for abusive husbands, to address the safety and protection needs of the victim and to provide new and ongoing research information.

The evaluation process begins in the Assessment Program, when information is obtained from various tests, and from the questionnaire given to the man and his partner.

The assessment information provides a baseline, or starting point, against which any changes that occur during the treatment process can be measured.

Gathering this information also helps address the safety and protection of all those involved. It will measure the extent of the history of violence, what resources the family needs, and whether or not there are homicidal or suicidal tendencies.

The first formal evaluation takes place in the 10th week, at which point a Group Evaluation form (Appendix E) is completed by the members. Their wives are also contacted by phone at this time to assess whether or not the violence has changed.

Subsequent evaluations occur at the 4 month, 1 year, and 2 year mark from the end of the group. These forms are located in Appendices F, G, and H respectively. The partners are contacted at all stages of the evaluation process to verify whether or not the violence has stopped.

The information collected throughout the program serves a number of purposes. In the Assessment Program, it provides an indication of the man's character and personality and helps determine what treatment format is best for this particular individual. On a general level, the assessment contributes information about men who abuse their wives.

Much work needs to be done in the area of evaluation of program effectiveness. Treatment programs are often unclear about their frameworks, so that replication or evaluation is difficult. It is important to specify framework and treatment modalities to enable evaluation of what it is that actually provides the opportunity for change.

The methods outlined in this manual provide a structure that can be used in many different programs, thus creating a data bank of information to further knowledge and practice in this area. There are as many different assessment protocols now as there are programs. A more standardized set of methods, such as those presented here, can help to advance counselling intervention services for men.

The Process of Change

What conditions will provide the opportunity for these men to change?

It is important that the personal style of the counsellor be direct and straightforward. The counsellor must have respect and caring for the man as a person, regardless of what he has done.

It is very important for the desire to change, as well as the change itself, to come from within the man. The man needs to know that any change will be of benefit to him, and that continued violent behaviour on his part will only bring destruction into his life and to the lives of those around him.

The man is unlikely to alter his behaviour, however, unless he is able to change his views and perceptions. Initially his rigid thinking about male and female roles will prevent him from appreciating that things can be any different for him. What helps him to make changes in his thinking is the combination of both a personal crisis around the current situation, and a new awareness of alternatives available to him.

Most of all, the man will need encouragement and support in making these changes. Because the sources of support for him are likely quite limited, the treatment group may provide his main source of social and emotional support.

One of the important ways of assisting men to change is the challenging of their thoughts, attitudes, and perceptions, both of themselves and of their wives. Challenge is particularly effective in a group when the members themselves are encouraged to challenge each other's statements and actions. It is the group leader's responsibility to model a positive style of interacting emotionally, i.e., warm and respectful, but also direct, honest and firm. The members listen well to one another, and are one another's best critics. Most of them have said or done the same things themselves at some time.

It is important to consider those men who will not seek out treatment, who don't think there is any problem and have

no intention of stopping their violent behaviour. For these men external measures and controls need to be brought to bear. This is beginning to happen now: police are starting to lay charges; courts are beginning to treat wife assault as a criminal act and society is not as willing to make excuses for abusive men. This is the community's role in helping to end wife assault and sexual inequality for women. When the wider community works well together, addressing the needs of assaulted women, then wider social change begins to occur.

The most important change that needs to be made is in the social and political institutions that form the roots of violence of men towards women. Only changes made in these social structures will truly end violence against women in our society. How can group leaders and clients facilitate this change? A number of examples include: speaking out against wife assault, writing, public education, supporting the local women's shelters, helping to coordinate and improve existing services, providing training, networking among people and organizations, participating in consciousness-raising, political action, using the media, participating in demonstrations and lobbying.

It is, therefore, important for the men who go through OPPORTUNITY, not only to make personal changes but also to be made aware of the wider social and structural changes that are needed to eradicate inequality for women. When the men understand the connections between the personal experience in their home and the political structure of our society that creates second class status and inequality for women, then they are truly able to understand their behaviour towards their wife from a feminist perspective, and are on their way to helping to end violence toward women.

The problem must be addressed at both a psychological and societal level. The members of the group must go beyond their personal experience in treatment to speak out against violence towards women. They must reach out to other abusive men, participate in media coverage, and help to form self-help networks to provide support to the countless men who need to make these changes in their lives.

PROGRAM ISSUES

In setting up a program of this kind, there are a few key considerations. Some of these have been touched on earlier.

1. It is important that any such program be part of a larger community intervention, such as the program in London, Ontario. To operate a treatment program for men in isolation

from, or in place of, services for women is ineffective and irresponsible. A program in isolation is merely a counselling program. This may be sufficient to bring about changes in individuals, but it is not sufficient to bring about the necessary social changes. The group leaders must also be facilitators of societal change; they need to speak out against violence against women. Operating treatment programs for men in isolation from resources and shelters for women and children also undermines the safety and protection of the victims. In addition, working with other resources in the community not only helps to ward off staff burnout and isolation, but also assists in treating wife assault as a social problem requiring the involvement of a number of different groups. An example of a community approach to working with wife assault is found in The Domestic Violence Project: A Comprehensive Model for Intervention into the Issue of Domestic Violence. (Harris and Sinclair, 1981).

2. It is important for group leaders to provide professional education both to individuals and to organizations interested in learning more about how to be a part of a community network. In OPPORTUNITY, professional education and training are seen as vital to a community approach.

3. A peer support group for group leaders is essential so that they may share experiences, both good and bad. In the Toronto area, there has been a network of group leaders for a number of years. What began as an informal group has now grown to be a regular and highly valued source of professional support and ideas for continued work in this area.

4. In communities that are very small and isolated from larger centres, such as those in rural areas, there are special problems to overcome in establishing such a program. One needs to look for someone who is a natural leader in the community - someone who is known and respected. Such a person could begin to help facilitate the setting up of treatment programs, women's shelters, and other necessary resources, by working closely with the local or provincial police, a medical doctor, or a child protection worker. Several small towns have opened women's centres and use volunteers to help staff them. Women's groups have often been responsible for breaking the silence in many communities. Over time the profile of those working in this area will begin to rise, as well as that of the issue itself. The community will then begin to acquire a new consciousness.

5. As emphasized throughout this manual, intervention is required both on an individual and societal level. This manual

has focused on one aspect of change: a treatment model for men who want to make personal changes. Although treatment for men who abuse their partners is an important step, it is also incumbent upon those working in this area to speak out publicly against wife assault and against the social forces that maintain a power imbalance between men and women. We must also speak out against the sources of negative attitudes about women. To the extent that we remain silent, we assist in perpetuating the problem.

As described by Harris and Sinclair (1981), a comprehensive intervention strategy includes five major components. These are: a) Counselling, b) Service Co-ordination and Resource Development, c) Professional Training, d) Public Education, and e) Social Action. It is important that all of these areas be addressed in our work whenever possible. Of course, there will be, at times, more involvement in one area over another.

It is only by addressing the social causes of violence against women that we will create a just society which will be safe for women and children, and provide a haven for the family where all members will be able to live in a secure, safe and growth-promoting environment.

Appendix A

OPPORTUNITY

ASSESSMENT PROGRAM

AGREEMENT OF CONSENT AND CONFIDENTIALITY

I, _____, agree to participate in the OPPORTUNITY Assessment Program for abusive husbands. I understand that the program is set up to gather information from and about men who have been abusive in their relationships with women. It will also provide me with an opportunity to learn more about myself and my behaviour.

I understand that the information provided by me will be used in a research program, and that my name or any other identifying information about me will be kept confidential. All answers are identified by a code number, a number which is attached to the questionnaires. It has been explained to me that any results will be reported as an overall group and that a copy of any published material will be made available to me upon request.

I agree to give permission to have my partner contacted by the program staff. The purpose of this will be to complete the assessment procedure.

I give staff permission to contact my partner or other person if at any time in the program there are safety or protection concerns which arise. This may include information about my attendance, or overall progress in the program.

Date _____ Signature _____

Witness _____

CLARKE INSTITUTE OF PSYCHIATRY

Forensic Service, Social Work Department
250 College Street, 4th Floor
Toronto, Ontario
M5T 1R8

O P P O R T U N I T Y

An Assessment and Treatment Program for Abusive Husbands

Assessment Questionnaire - Husband Date: D____ M____ Y____

I.D.# H_____

1. Surname:_____ First Name: _____
2. Address:_____ Postal Code_____
3. Telephone No: (Home)_____ (Business)_____
4. Medical Record Number:_____
5. Birth date: Day:____ Month:___ Year:____
6. Present Age:____

Wife/Partner

7. Surname: _____ First Name: _____
8. Address: _____ Postal Code _____
9. Telephone: (Home)_____ (Business) _____
10. Date of Birth: Day:____ Month:_____ Year:_____
11. Present Age:_____

Husband

12. Source of Referral: _____

Nature of Referral: 1)____ Court Order

2)____ Self-initiated

3)____ Other initiated (wife)

Why did you decide to seek counselling at this time?_____

_____

13. Current relationship status:

1. ___ Dating
2. ___ Common-law
3. ___ Married
4. ___ Separated
5. ___ Divorced

14. How long in the present relationship:

1. ___ 6 months or less
2. ___ >6 months <12 months
3. ___ 1 year to 2 years
4. ___ >2 years to 5 years
5. ___ >5 years to 10 years
6. ___ >10 years

15. If currently separated, for how long:

1. ___ not separated
2. ___ under 2 weeks
3. ___ 2 to 4 weeks
4. ___ >4 weeks to 2 months
5. ___ >2 months to 6 months
6. ___ >6 months to 12 months
7. ___ >12 months to 24 months
8. ___ >24 months

16. If separated, are living:

1. ___ alone 2. ___ with others

17. If separated, primary reason for current separation:_____

_____

18. Do you wish your present relationship to continue?

1. ___ Yes 2. ___ No 3. ___ Unsure

If Yes, Why _____

_____

19. Does your partner wish your relationship to continue?

1. ___ Yes 2. ___ No 3. ___ Unsure

20. Are there any positive qualities you value in your partner?

1. ___ Yes 2. ___ No 3. ___ If yes, List:_____

_____

_____

21. What are the major criticisms you have of your partner?

List: _____

_____

22. What qualities do you believe your partner values in you?

List: _____

_____

23. What are the major criticisms you believe your partner has of you?

List: _____

_____

History of Violence

24. Date of most recent physical violence: D___ M___ Y___

What types of abuse were committed:

1. ____ physical
2. ____ psychological
3. ____ sexual
4. ____ property damage

Details of the most recent incident: _____

_____

_____

The extent of injuries received by your partner during the most recent incident: _____

_____

25. Within your current relationship, how many times have the following kinds of medical attention been administered to your partner as a result of domestic assault:

1. ____ X-rays/examination only (no treatment): #___
2. ____ treatment for cuts, bruises, bumps: #___
3. ____ stitches for gash/lacerations: #___
4. ____ setting broken bone(s): #___
5. ____ hospitalization (inpatient): #___
6. ____ other (specify): _____

26. Have the police ever been called in relation to violence between you and your partner?

1. ____ Yes 2. ____ No

If Yes:

1. ___ Once 2. ___ 2 to 5 times 3. ___ >5 times

27. What is your understanding of why you are violent to your partner? Explain: _____

_____

28. In the past year, what is the average length of time between assaults:

Days: ____ Weeks: ____ Months: ____

29. Is there a pattern to the violent incidents?

1. ____ Yes 2. ____ No 3. ____ Unsure

If Yes, what is the pattern? _____

_____

If Yes, where are you in the cycle now? _____

_____

30. In the past year, how many times have you done the following to your partner?

1. ____ physical abuse: #___
2. ____ psychological abuse: #___
3. ____ sexual abuse: #___
4. ____ property damage #___

31. What types of physical injuries has your partner received in the past year?

1. ____ none
2. ____ bruises: #___
3. ____ black eyes: #___
4. ____ broken limbs: #___
5. ____ other (specify)_____

32. What types of physical injuries have you received in the past year?

1. ____ none
2. ____ bruises: #___
3. ____ black eyes: #___
4. ____ broken limbs: #___
5. ____ other (specify): _____

33. Over how long a time period have you been assaultive/violent towards your current partner?

1. ____ <1 month
2. ____ 1 to 5 months
3. ____ >5 months to 12 months
4. ____ >12 months to 2 years
5. ____ > 2 years to 5 years
6. ____ >5 years to 10 years
7. ____ >10 years

35. How long had you and your partner been together at the time of the first incident of violence? ____ months.

36. How many times have you physically assaulted your partner in the total time you have been together? ____ times.

37. What is the impact of your violence on the relationship with your partner? _____

_____

38. Have you ever been violent towards your partner while under the influence of drugs? 1. ____ Yes 2. ____ No

If Yes, which ones: _____

39. Have you ever been violent towards your partner while under the influence of alcohol? 2. ____ Yes 2. ____ No

40. What do you think about and how do you generally feel after assaulting your partner? Describe: _____

_____

_____

41. a) Have you ever abused previous partners or girlfrfiends?
1. ____ Yes 2. ____ No 3. ____ Not applicable.

42. b) If Yes, what has been the nature of the abuse?

1. ____ physical
2. ____ psychological
3. ____ sexual
4. ____ property damage

43. a) Do you have children in your present relationship?

1. ____ Yes 2. ____ No 3. If Yes, how many? ____

44. b) If Yes, how do you discipline your children?

Describe: _____

_____

45. Have you ever been violent to other adults outside of your relationship with your partner?

1. ____ Yes 2. ____ No

If Yes, describe: _____

_____

46. What effect does being violent have on your life?

Describe: _____

_____

_____

Background Information

47. Where were you born? _____

48. Where were you raised? _____

49. Number of Siblings: Brothers: ____ Sisters: ____

50. Your place in the Sibline: ____

51. a) Did your parents ever separate when you were a child?

1. ____ Yes 2. ____ No

If Yes, how many times? ____

52. b) If Yes, did they separate permanently?

1. ____ Yes 2. ____ No

53. Did your father or stepfather ever hit his wife?

1. ____ Yes 2. ____ No

If Yes, how often:

1. ____ <once a month
2. ____ once a month
3. ____ >once a month
4. ____ once a week or more

54. Did your mother or stepmother ever hit her husband?

1. ____ Yes 2. ____ No

If Yes, how often:

1. ____ <once a month
2. ____ once a month
3. ____ >once a month
4. ____ once a week or more

55. As a child, were you hit by your parents?

1. ____ Yes 2. ____ No

If Yes, how often:

1. ____ <once a month
2. ____ once a month
3. ____ >once a month
4. ____ once a week or more

56. Who usually administered physical punishment?

1. ____ no physical punishment
2. ____ Father
3. ____ Mother
4. ____ both/either

57. a) As a child, were you ever subjected to sexual abuse?

1. ____ Yes 2. ____ No. If Yes, how old were you?___

b) If Yes, what was the relationship of the abuser to you?

Relationship: _____

58. History of Counselling:

	Source	Reasons	Feelings re Counselling	Outcome
1.				
2.				
3.				
4.				

59. Education: _____

60. Occupation: _____

61. Current Employment:

1. ____ full time
2. ____ part time
3. ____ unemployed
4. ____ student
5. ____ (specify): _____

62. Gross Annual Income: $_____

63. What are some of your interests that you like to engage in during your spare time?

List: _____

_____

_____

64. Have you ever had a serious head injury?

1. ____ Yes 2. ____ No

65. Have you ever had a seizure?

1. ____ Yes 2. ____ No

66. Have you ever been subjected to fainting spells?

1. ____ Yes 2. ____ No

67. Have you ever blacked out or been unconscious?

1. ____ Yes 2. ____ No

68. Do you have any suicidal thoughts at the present time?

1. ____ Yes 2. ____ No

If Yes, explain: _____

_____

69. Do you have any history of suicide attempts?

1. ____ Yes 2. ____ No

If Yes, explain: _____

70. Have you ever said you had thoughts or intentions about suicide, but weren't serious?

1. ____ Yes 2. ____ No

71. Have you ever been arrested?

1. ____ Yes 2. ____ No

If Yes, List: (starting with the most recent charge)

	Offence	Month/Year	Conviction Yes/No	Sentence
1.		/		
2.		/		
3.		/		
4.		/		
5.		/		
6.		/		
7.		/		
8.		/		

72. Have you ever been charged as a result of assaulting your partner?

1. ____ No
2. ____ Yes, by police (# of times ___)
3. ____ Yes, by spouse (# of times ___)

73. If incarcerated for assault against your partner, what is the total length of sentence(s)?

Days: ____ Weeks: ____ Months: ____

Drug/Alcohol History

74. Were either your mother or father an alcoholic?

Yes ____ No ____

If Yes, how did this affect your life?_____

_____

75. During an average week, including weekends:

1. How many beers do you drink? ____
2. How many glasses of wine do you drink? ____
3. How many ounces of liquor do you drink? ____

76. What is your pattern of drinking?_____

_____

77. Have there been any changes in your drinking pattern over the past year? _____

78. Do you take drugs? 1. ____ Yes 2. ____ No

If Yes, list what types:_____

_____

79. Have you ever assaulted your partner without having taken any alcohol? 1. ____ Yes 2. ____ No

80. Have you ever assaulted your partner without having taken any drugs? 1. ____ Yes 2. ____ No

81. Have you ever taken alcohol and not assaulted your partner? 1. ____ Yes 2. ____ No

82. Have you ever taken drugs and not assaulted your partner? 1. ____ Yes 2. ____ No

83. Do you think you have an alcohol or drug problem? 1. ____ Yes 2. ____ No

Interviewer Questions

84. Does the client have an alcohol or drug problem?

1. ____ Yes 2. ____ No If Yes, which one: _____

85. What is the client's current emotional state?

1. ___ anxious
2. ___ agitated
3. ___ enraged
4. ___ depressed
5. ___ sad
6. ___ other (specify): _____

86. Does there appear to be any risk to the safety and protection of his partner at the present time? 1. ___ Yes 2. ___ No

If Yes, what steps have you taken to address this: _____

_____

_____

_____

87. How motivated does the client appear to be to stop violent behaviour?

1. ____ not at all
2. ____ only somewhat
3. ____ fairly motivated
4. ____ extremely motivated

Explain: _____

_____

_____

88. Does the client show evidence that he is willing to take responsibility for his own behaviour?

1. ____ Yes 2. ____ No

Explain: _____

_____

_____

Appendix C

CLARKE INSTITUTE OF PSYCHIATRY

Forensic Service, Social Work Department
250 College Street, 4th Floor
Toronto, Ontario
M5T 1R8

O P P O R T U N I T Y

An Assessment and Treatment Program for Abusive Husbands

Assessment Questionnaire - Wife/Partner Date: D___ M___ Y___

I.D.# W_____

Husband

1. Surname:_____ First Name: _____

Wife/Partner

2. Surname:_____ First Name: _____

Present Relationship

3. If separated, primary reason for current separation:

_____

4. Do you wish your present relationship to continue?

1.___ Yes 2.___ No 3.___ Unsure

5. Are there any positive qualities you value in your partner?

1.___ Yes 2.___ No If Yes, List:_____

_____

6. What are the major criticisms you have of your partner?

List: _____

7. What qualities do you believe your partner values in you?

List: _____

8. What are the major criticisms you believe your partner has of you?

List: _____

History of Violence

9. Date of most recent physical violence: D___ M___ Y___

10. Within the current relationship, how many times have the following kinds of medical attention been administered to you as a result of domestic assault?

1. ___ X-rays/examination only (no treatment) #___
2. ___ Treatment for cuts, bruises, bumps #___
3. ___ Stitches for gash/lacerations #___
4. ___ Setting broken bones #___
5. ___ Hospitalization (inpatient) #___
6. ___ Other (specify): _____
7. ___ No treatment required

11. a) Have the police ever been called in relation to violence between your partner and you?

1. ___ Yes 2. ___ No

12. b) If Yes,

1. ___ Once
2. ___ 2 to 5 times
3. ___ More than 5 times

13. What is your understanding of why your partner is violent towards you?

Explain: _____

14. a) Is there a pattern to the violent incidents?

1. ___ Yes 2. ___ No 3. ___ Unsure

If Yes, what is the pattern? _____

_____

15. b) If Yes, where are you in the cycle now?

Explain: _____

16. In the past year, what is the average length of time between assaults?

Days: ___ Weeks: ___ Months: ___

17. In the past year, how many times has your partner done the following to you?

1. ___ Physical abuse #___
2. ___ Psychological abuse #___
3. ___ Sexual Abuse #___
4. ___ Property damage #___

18. What types of physical injuries have you received in the past year?

1. ___ None
2. ___ Bruises #___
3. ___ Black eyes #___
4. ___ Broken limbs #___
5. ___ Other (specify):_____

19. What types of physical injuries has your partner received in the past year?

1. ___ None
2. ___ Bruises #___
3. ___ Black eyes #___
4. ___ Broken limbs #___
5. ___ Other (specify):_____

20. Over how long a time period has your partner been assaultive/ violent towards you?

1. ___ <1 month
2. ___ 1 to 5 months
3. ___ >5 months to 12 months
4. ___ >12 months to 2 years
5. ___ >2 years to 5 years
6. ___ >5 years to 10 years
7. ___ >10 years

21. Have you ever been pregnant with your partner?

1. ___ Yes 2. ___ No

If Yes, what effect did the pregnancy seem to have on your partner's violent behaviour?

Describe: _____

22. Does your partner accuse you of being unfaithful to him?

1. ___ Often 2. ___ Sometimes 3. ___ Never

23. Does your partner demand to know the details of your past sexual relationships, to an unreasonable extent?

    1. ___ Yes 2. ___ No

24. How long had you and your partner been together at the time of the first incident of violence? ____ Months

25. How many times has your partner assaulted you in the total time you have been together? ____ Times

26. How do you feel after you have been assaulted by your partner?

    Describe: _____

27. How does your partner seem to feel after assaulting you?

    Describe: _____

28. What is the impact of your partner's violent behaviour on your relationship?

    Describe: _____

29. Has your partner ever assaulted you while under the influence of drugs?

    1. ___ Yes 2. ___ No

    If Yes, which ones? _____

30. Has your partner ever assaulted you while under the influence of alcohol?

    1. ___ Yes 2. ___ No

31. Has your partner ever assaulted you while he was sober?

    1. ___ Yes 2. ___ No

32. What effect has your partner's violence had on your life?

    Describe: _____

Background Information

33. Where were you born? _____

34. Where were you raised? _____

35. Education: _____

36. Occupation: _____

37. Did your father or stepfather ever hit his wife?

1. ___ Yes 2. ___ No

If Yes, 1. ___ <Once a month
2. ___ Once a month
3. ___ >Once a month
4. ___ Once a week or more

38. Did your mother or stepmother ever hit her husband?

1. ___ Yes 2. ___ No

If Yes, 1. ___ <Once a month
2. ___ Once a month
3. ___ >Once a month
4. ___ Once a week or more

39. As a child, were you hit by your parents?

1. ___ Yes 2. ___ No

If Yes, 1. ___ <Once a month
2. ___ Once a month
3. ___ >Once a month
4. ___ Once a week or more

40. Who usually administered physical punishment?

1. ___ No physical punishment
2. ___ Father
3. ___ Mother
4. ___ Both/either
5. ___ Other (specify): _____

41. a) As a child, were you ever subjected to any sexual abuse?

1. ___ Yes 2. ___ No If Yes, how old were you? ___

b) If Yes, what was the relationship of the abuser to you? Relationship: _____

42. Do you have any children in your present relationship?

1. ___ Yes 2. ___ No If Yes, how many? ___

If Yes, how does your partner discipline the children?

Describe: _____

43. Do you have any suicidal thoughts at the present time?

1. ___ Yes 2. ___ No

If Yes, Explain: _____

44. Are you familiar with what resources are available to you which concern your safety and protection (e.g., police, women's shelter, legal clinic, support group, friends, family counselling service)? _____

_____

_____

45. Do you have a safety plan of action for yourself and your children? (Specify): _____

_____

_____

OPPORTUNITY

TREATMENT PROGRAM - CONTRACT

I, _____, agree to join the **OPPORTUNITY** men's group. I understand that the program will provide me with an opportunity to:

1. Understand why I have been violent toward my partner;
2. Accept responsibility for my violent behaviour;
3. Learn constructive ways of handling my thoughts and feelings;
4. Learn more constructive ways of coping with stress and difficulties in my life;
5. Learn more positive ways of behaving in my relationships with others, both men and women.

I also understand that participation in the group involves talking about my thoughts and feelings and hearing feedback from others, as well as listening to what others say about themselves and giving feedback to them. The group discussion is an important part of helping all members to make changes.

I agree to give permission to have my partner contacted by the program staff throughout my involvement in the program. This would be for purposes of assessment and evaluation, as well as addressing safety and protection issues should the need arise. This may include information regarding my attendance and overall progress in the program.

I understand that the information provided by me will be used in a research program, and that my name or any other identifying information about me will be kept confidential. All answers are identified by a code number, a number which is attached to any evaluation measures. It has been explained to me that any results will be reported as an overall group and that a copy of any published material will be made available to me upon request.

I understand that I must complete the Assessment Program in order to be eligible for the Treatment Program.

I understand that there is no smoking, drugs or alcohol during the group. Intoxicated or high individuals will not be permitted in the group sessions. The group begins and ends on time. If I cannot attend, I will call the group leader in advance and leave a message. I will explain my absence to the group members at the next meeting.

In being a group member, I agree to accept the responsibility to:

a) Attend all sessions regularly and on time;
b) Work on my commitment to stop using violent behaviour;
c) Learn alternative ways of handling stress and difficulties;
d) Identify sexist behaviour and attitudes in myself and my fellow members;
e) Raise and discuss in the group all abusive incidents which occur;
f) Provide constructive feedback to other members;
g) Assist and encourage other members as they work to make changes.

After my involvement in the group is completed, I agree to participate in the follow-up testing procedures which will involve periodic contacts by the program staff with me and my partner.

Date_____ Signature_____

Witness_____

O P P O R T U N I T Y

GROUP EVALUATION

Name:_____ Date: Day ___ Month ___ Year ___

An evaluation of the group sessions is important so that we can determine what items are most helpful to the group members. Your assistance in completing this evaluation will help to plan for future group programs.

1. What were the most helpful aspects of the group program?

2. What were the least helpful aspects of the group program?

3. What are things you would have liked to get out of the group but didn't?

4. What changes would you suggest that might make it more effective?

5. If you have had individual counselling, how did the group experience differ?

6. Would you have preferred more or less direction from the counsellor? Explain:

7. Did you feel that the topics discussed in the group sessions were generally related to your own problems?

Cont'd....

8. Has your experience in the group changed the way you think about violence? Explain:

9. Do you have any suggestions for future group sessions of this sort?

10. Do you think you need any further help either with stopping violence or any other aspect of your life?

11. Are you together with your partner at the present time?

12. How would you describe any changes in your relationship with your partner as a result of the group experience? Explain:

13. What would you say to other people about your experience in the group program?

14. Do you have any suggestions for encouraging other men to participate in this kind of program?

15. What would you do if you were violent again or felt you might be?

16. What plans do you have for continuing to improve the quality of your life?

17. Any comments?

Cont'd....

Listed below are a number of topics or exercises which were a part of the group sessions. Please indicate your evaluation of each item according to the following scale:

A = No help at all.
B = Unsure.
C = A little helpful.
D = Very helpful.

1.	Learning about types of abusive behaviours	A	B	C	D
2.	Learning about pre-violence cues	A	B	C	D
3.	Developing alternatives to violence	A	B	C	D
4.	The Abuse Log	A	B	C	D
5.	Check-in/Check-out	A	B	C	D
6.	Films	A	B	C	D
7.	Discussion of male/female, husband/wife roles	A	B	C	D
8.	The Dependency Chart	A	B	C	D
9.	Working with a group of men	A	B	C	D
10.	Analyzing my personal situations	A	B	C	D
11.	Using the flipchart	A	B	C	D
12.	Reviews of previous sessions	A	B	C	D
13.	Discussing the causes of violence	A	B	C	D
14.	Discussions about ourselves as men	A	B	C	D
15.	Group Evaluation	A	B	C	D
16.	Other _____				
	_____				

O P P O R T U N I T Y

4 Month Follow-up Evaluation

Name: _____ Date: Day ___ Month ___ Year ___

1 a) In the past 4 months since the group ended, how many times have you done the following to your partner?

1. ___ No violent behaviour at all
2. ___ Physical abuse # ___
3. ___ Psychological abuse # ___
4. ___ Sexual abuse # ___
5. ___ Property damage # ___

b) If you have been violent, did you handle it any differently than you might have before the group? Describe:

_____

_____

c) If you have been violent, why do you think you continue to be violent toward your partner? Describe:

_____

_____

2. Are you together with your partner at the present time?

Yes ___ No ___

3. How has your behaviour over the past 4 months affected your relationship with your partner? Describe:

_____

_____

4. a) How have you handled yourself in your relationships with others? Describe:

_____

_____

b) How is this different from before the group? Describe:

5. Do you think you need any further help either with stopping violence or any other aspect of your life? Describe:

6. In looking back now, what was the most useful part of the group program for you? Describe:

7. Did you learn anything in the group that you still use in your day to day life? Describe:

8. What would you do if you were violent again or felt you might be? Describe:

9. What are you doing at present to improve the quality of your life? Describe:

10. Any other comments?

O P P O R T U N I T Y

One Year Follow-Up Evaluation

Name: _____ Date: Day ___ Month ___ Year ___

1. a) In the past 8 months since the 4 month evaluation, how many times have you done the following to your partner?

   1. ___ No violent behaviour at all
   2. ___ Physical abuse # ___
   3. ___ Psychological abuse # ___
   4. ___ Sexual abuse # ___
   5. ___ Property damage # ___

   b) If you have been violent, why do you think you continue to be violent towards your partner? Describe:

   _____

   _____

2. Are you together with your partner at the present time?

   Yes ___ No ___

3. How has your behaviour over the past 8 months affected your relationship with your partner? Describe:

   _____

   _____

4. Please comment on how well you have been able to maintain the changes which you have made since the group?

   _____

   _____

5. At this time, do you think you need any further help either with stopping violence or any other aspect of your life? Describe:

6. Did you learn anything in the group that you still use in your day to day life? Describe:

7. What would you do if you were violent again or felt you might be? Describe:

8. What are you doing at present to improve the quality of your life? Describe:

9. Any other comments?

Appendix H

O P P O R T U N I T Y

TWO YEAR FOLLOW-UP EVALUATION

Name _____ Date: Day___ Month___ Year___

1. In the past year since the 1-year evaluation, how many times have you done the following to your partner?

   1. ___ No violent behaviour at all
   2. ___ Physical abuse #___
   3. ___ Psychological abuse #___
   4. ___ Sexual abuse #___
   5. ___ Property damage #___

2. Are you together with your partner at the present time?

3. How has your behaviour over the past year affected your relationship with your partner? Describe:

4. At this time, do you think you need any further help, either with stopping violence or any other aspect of your life?

5. What would you do if you were violent again, or felt you might be?

6. Any other comments?

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